

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-028		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Managed Care organization which provides medically necessary health care services to the TennCare/Medicaid Population		
CONTRACT #	FA-02-14859-00	PROPOSED AMENDMENT #	14
CONTRACTOR :	Volunteer State Health Plan, Inc.		
CONTRACT START DATE :	07/01/2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2005		
CURRENT MAXIMUM LIABILITY :	\$2,617,381,968.00		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2006		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$3,235,252,751.23		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
Extends the term of current contract as well as provide funding for term extension.			
(2) explanation of need for the proposed amendment :			

We believe that it is in the best interests of the State to maintain this relationship to ensure the stability of the TennCare Program and prevent the disruption of services to TennCare enrollees.

(3) **name and address of the proposed contractor's principal owner(s) :**
(not required if proposed contractor is a state education institution)

Volunteer State Health Plan
801 Pine Street
Chattanooga, TN 37402-2555

(4) **documentation of OIR endorsement of the Non-Competitive procurement request :**
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) **documentation of Department of Personnel endorsement of the Non-Competitive procurement request :**
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) **description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :**

This contract is not a result of non-competitive negotiations. MCO contracts have been offered to any organization that has expressed interest, demonstrated specific qualifications outlined in the Agreements, and willingly accepted the terms of the Agreements. There are currently 6 different organizations that have MCO Contracts.

(7) **justification of why the F&A Commissioner should approve a Non-Competitive Amendment :**

The approval of this amendment by F&A will ensure the best interests of TennCare enrollees will be served. Based on the network of providers that provider currently has, TennCare is confident that the continuation of this agreement will prevent any disruption of services to enrollees.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:

AMENDMENT NUMBER 14

AMENDED AND RESTATED CONTRACTOR RISK AGREEMENT
BETWEEN
THE STATE OF TENNESSEE,
d.b.a. TENNCARE
AND
VOLUNTEER STATE HEALTH PLAN, INC.,
d.b.a. BLUECARE

CONTRACT NUMBER: FA- 02-14859-00

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Amended and Restated Contractor Risk Agreement (CRA) by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and Contractor Name, hereinafter referred to as the CONTRACTOR as specified below.

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4-28 shall be deleted and replaced in its entirety so that the amended Section 4-28 shall read as follows:

4-28. Term of the Agreement

This Agreement and its incorporated attachments, if any, as well as all Amendments to this Agreement, contain all of the terms and conditions agreed upon by the parties, and when executed by all parties, supersedes any prior agreements except as stated in Section 1-7. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall be in effect from July 1, 2001, subject to approval by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The term of this Agreement shall expire on December 31, 2005. Notwithstanding any provision herein to the contrary, this Agreement shall automatically renew for calendar year 2006 with an expiration date of December 31, 2006 unless the CONTRACTOR or the State complies with Section 4-2.(f) regarding non-renewal or unless the State approves termination of the Agreement in accordance herewith. Said renewal shall be automatic and shall not require any notice or other action.

Notwithstanding any provision herein to the contrary, the State may terminate this Agreement if the waiver governing TennCare is terminated. The documents referenced in the Agreement are on file with the CONTRACTOR and with TENNCARE and the CONTRACTOR is aware of their content. No other agreement, oral or otherwise regarding the subject matter of this Agreement, shall be deemed to exist or to bind any of the parties hereto.

2. The September 11, 1995 Amended and Restated Contractor Risk Agreement, as amended, shall be amended by deleting and replacing the date "December 31, 2004" with "December 31, 2005" in all references regarding the Stabilization Period ending December 31, 2004. This shall include, but not be limited to Sections 1-3, 3-10.h and Attachment X.D.

Amendment 14 (cont.)

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective January 1, 2005 or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION

BY: M. D. Goetz, Jr.
M. D. Goetz, Jr.
Commissioner

DATE: 12/10/2004

APPROVED BY:

STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION

BY: _____
M. D. Goetz, Jr.
Commissioner

DATE: _____

VOLUNTEER STATE HEALTH PLAN, INC.

BY: Ronald E. Harr
Ronald E. Harr
President and CEO

DATE: Dec. 6, 2004

APPROVED BY:

STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY

BY: _____
John G. Morgan
Comptroller

DATE: _____

COMPTROLLER'S SUMMARY SHEET

318.66-028

Department of Finance and Administration

FA-02-14859-14

Bureau of TennCare

VOLUNTEER STATE HEALTH PLAN, INC

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2006

318.66	411	134	11	<input type="checkbox"/> STARS		
2002	\$ 211,390,548.00	\$ 368,945,043.00			\$	580,335,592.00
2003	\$ 219,070,544.84	\$ 381,839,283.18			\$	601,009,808.00
2004	\$ 219,561,969.10	\$ 405,873,086.13			\$	625,435,035.23
2005	\$ 223,265,116.00	\$ 409,348,300.00			\$	632,613,416.00
2006	\$ 196,511,500.00	\$ 334,081,100.00			\$	530,572,600.00
2007	\$ 93,826,200.00	\$ 171,660,100.00			\$	265,286,300.00
	\$1,163,425,878.94	\$ 2,071,826,872.29			\$	3,235,252,751.23

93.778

Scott Pierce
729 Church Street
Nashville, TN
(615)532-1362

Scott Pierce



Pursuant to T.C.A., Section 9-8-113, I, M. D. Gostz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	12/31/2005	12/31/2006
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$601,009,808.00	\$0.00
FY: 04	\$625,435,035.23	\$0.00
FY: 05	\$574,414,627.23	\$58,198,788.77
FY: 06	\$236,186,905.61	\$294,385,694.39
FY: 07		\$265,286,300.00
	\$2,617,381,968.07	\$617,870,783.16

CONTRACT SUMMARY SHEET

RF# Number	318.66-028	Contract Number	FA-02-14859-13
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor	VOLUNTEER STATE HEALTH PLAN, INC		
Contract Identification Number		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description: Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date: 7/1/2001

Contract End Date: 12/31/2005

Amount Code	Cost Code	Object Code	Fund	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Intra-departmental Funds	Other Funding	Total Contract Amount, including all amendments
2002	\$211,390,549.00	\$368,945,043.00			580,335,592.00
2003	\$219,070,544.84	\$381,939,263.16			601,009,808.00
2004	\$219,561,969.10	\$405,873,066.13			625,435,035.23
2005	\$201,337,365.10	\$373,077,262.13			574,414,627.23
2006	\$83,928,478.55	\$152,258,427.06			236,186,905.61
TOTAL	\$935,288,906.59	\$1,682,093,061.48			2,617,381,968.00
NO-DAY	93.778				

Name: Dean Daniel
Address: 729 Church Street
Phone: Nashville, TN (615)532-1362

Procuring Agency/Budget Officer Approval Signature: Scott Pierce

[Signature]

Check the box ONLY if the answer is YES

Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Is the Contractor a Vendor? (per OMB A-133)	
Is the Fiscal Year Funding SIGNIFICANTLY LIMITED?	
Is the Contractor on STARS?	
Is the Contractor's FORM W-9 ATTACHED?	
Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)

END DATE	Base Contract & Prior Amendments	This Amendment ONLY
FY: 02	12/31/2005	
FY: 03	\$580,335,592.00	\$0.00
FY: 04	\$601,009,808.00	\$0.00
FY: 05	\$625,435,035.23	\$0.00
FY: 06	\$472,373,811.23	\$102,040,816.00
	\$236,186,905.61	\$0.00
Total	\$2,515,341,152.07	\$102,040,816.00

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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TO ACCOUNTS

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COMPTROLLER'S OFFICE
OF FINANCE
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

R/S Number	318.66-028	Contract Number	FA-02-14859-12
State Agency	Department of Finance and Administration	Division	Bureau of TennCare


Contractor	VOLUNTEER STATE HEALTH PLAN, INC	Contract Identification Number	<input type="checkbox"/> Y- <input type="checkbox"/> C-
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Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Begin Date	7/1/2001	Contract End Date	12/31/2005
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Amount Code	Cost Center	Object Code	Fund	Start	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	TOTAL Contract Amount including ALL amendments	
2002	\$211,390,549.00	\$ 368,945,043.00			\$	580,335,592.00
2003	\$219,070,544.84	\$ 381,939,263.16			\$	601,009,808.00
2004	\$219,561,969.10	\$ 405,873,066.13			\$	625,435,035.23
2005	\$167,856,957.10	\$ 304,516,854.13			\$	472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$	236,186,905.61
Total	\$901,808,498.59	\$ 1,613,532,653.48			\$	2,515,341,152.00
CFDA#	93.778					

State Fiscal Contract	Name: Dean Daniel Address: 729 Church Street City: Nashville, TN Phone: (615)532-1362	Is the Contractor a SUBSIDIARY (part 9.13 A-123) Is the Contractor a Vendor (part 9.13 A-124) Is the Fiscal Part Funding STRICTLY LIMITED? Is the Contractor on STARS? Did Contractor's FORM W-9 ATTACHED? Is the Contractor's Form W-9 Filed with Accounts?
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Procuring Agency Budget Officer Approval Signature	Scott Pierce 
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COMPLETE FOR ALL AMENDMENTS (only)		
END DATE	Base Contract & Prior Amendments	This Amendment only
	12/31/2005	
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$601,009,808.00	\$0.00
FY: 04	\$623,394,219.23	\$2,040,816.00
FY: 05	\$472,373,811.23	\$0.00
FY: 06	\$236,186,905.61	\$0.00
Total	\$2,513,300,336.07	\$2,040,816.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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Office of Contracts Review

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COMMUNITY LEVY OFFICE
DIRECTOR
INVESTMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number: 318.66-028		Contract Number: FA-02-14859-11	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor: VOLUNTEER STATE HEALTH PLAN, INC		Contract Identification Number: <input type="checkbox"/> V- <input type="checkbox"/> C2	
Service Description: Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population			
Contract Begin Date: 7/1/2001		Contract End Date: 12/31/2005	
Alloment Code: 318.66	Post Center: 411	Object Code: 134	Fund: 11
Grant: <input type="checkbox"/> STARS		Grant Code:	Subgrant Code:
FY	State Funds	Federal Funds	Interdepartmental Funds
2002	\$211,390,549.00	\$ 368,945,043.00	
2003	\$219,070,544.84	\$ 381,939,263.16	
2004	\$218,892,361.10	\$ 404,501,858.13	
2005	\$167,856,957.10	\$ 304,516,854.13	
2006	\$ 83,928,478.55	\$ 152,258,427.06	
Total	\$901,138,890.60	\$ 1,612,161,445.48	
CHDA: 93.778		Is the Contractor a SUBRECIPIENT (per OMB A-133)?	
Name: Dean Daniel		Is the Contractor a Vendor (per OMB A-133)?	
Address: 729 Church Street		Is the Contractor a Year Funding STRICTLY LIMITED BY?	
Phone: Nashville, TN (615)532-1362		Is the Contractor on STARS?	
Proposing Agency Budget Officer Approval Signature: Dean Daniel		Is the Contractor's FORM W-9 ATTACHED?	
6/22/04		Is the Contractor's Form W-9 Filed with Accounts?	
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
END DATE	12/31/2005	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
FY: 02	\$580,335,592.00	\$0.00	
FY: 03	\$601,009,808.00	\$0.00	
FY: 04	\$623,394,219.23	\$0.00	
FY: 05	\$472,373,811.23	\$0.00	
FY: 06	\$236,186,905.61	\$0.00	
Total	\$2,513,300,336.07	\$0.00	

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COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RES Number	318.66-028	Contract Number	FA-02-14859-10
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
VOLUNTEER STATE HEALTH PLAN, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2005	
Allocation Code	Cost Center	Object Code	Fund
318.66	411	134	11
		<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2002	\$211,390,549.00	\$ 368,945,043.00	
2003	\$219,070,544.84	\$ 381,939,263.16	
2004	\$218,892,361.10	\$ 404,501,858.13	
2005	\$167,856,957.10	\$ 304,516,854.13	
2006	\$ 83,928,478.55	\$ 152,258,427.06	
Total	\$901,138,890.60	\$ 1,612,161,445.48	
CFDA#	93.778	Check the box ONLY if the answer is YES	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Dean Daniel		Is the Contractor a Vendor? (per OMB A-133)	
Address: 729 Church Street		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: Nashville, TN		Is the Contractor on STARS?	
(615)532-1362		Is the Contractor's FORM W-9 ATTACHED?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's Form W-9 Filed with Accounts?	
Dean Daniel		Funding Certification	
COMPLETE FOR ALL AMENDMENTS (only)		Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
Base Contract & Prior Amendments	Amendments	This Amendment ONLY	
END DATE	12/31/2005		
FY: 02	\$580,335,592.00	\$0.00	
FY: 03	\$601,009,808.00	\$0.00	
FY: 04	\$623,394,219.23	\$102,040,816.00	
FY: 05	\$472,373,811.23	\$0.00	
FY: 06	\$236,186,905.61	\$0.00	
Total	\$2,513,300,336.07	\$102,040,816.00	

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2004 JUN 24 PM 2:01
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

318.66-028

FA-02-14859-09

Department of Finance and Administration

Bureau of TennCare

VOLUNTEER STATE HEALTH PLAN, INC

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2005

318.66

411

134

11

☐ STARS

Fiscal Year	Contract Amount	Subcontract Amount	Subcontract Amount	Subcontract Amount	Subcontract Amount
2002	\$211,390,549.00	\$ 368,945,043.00			\$ 580,335,592.00
2003	\$219,070,544.84	\$ 381,939,263.16			\$ 601,009,808.00
2004	\$185,411,953.10	\$ 335,941,450.13			\$ 521,353,403.23
2005	\$167,856,957.10	\$ 304,516,854.13			\$ 472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$ 236,186,905.61
	\$867,658,482.60	\$ 1,543,601,037.48			\$ 2,411,259,520.07

93.778

Dean Daniel
729 Church Street
Nashville, TN
(615)532-1362

Dean Daniel

Dean Daniel 12/23/03

Fiscal Year	Contract Amount	Subcontract Amount
	12/31/2005	
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$601,009,808.00	\$0.00
FY: 04	\$521,353,403.23	\$0.00
FY: 05	\$472,373,811.23	\$0.00
FY: 06	\$236,186,905.61	\$0.00
	\$2,411,259,520.07	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
TENNESSEE
COMMISSIONER OF
FINANCE AND
ADMINISTRATION
JAN 14 2004

CONTRACT SUMMARY SHEET

RFS Number	318.66-028	Contract Number	FA-02-14859-08
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
VOLUNTEER STATE HEALTH PLAN, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description	
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population	
Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Allocation Code	Cost Center	Object Code	Fund	Plan	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including All amendments)	
2002	\$211,390,549.00	\$ 368,945,043.00			\$	580,335,592.00
2003	\$219,070,544.84	\$ 381,939,263.16			\$	601,009,808.00
2004	\$185,411,953.10	\$ 335,941,450.13			\$	521,353,403.23
2005	\$167,856,957.10	\$ 304,516,854.13			\$	472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$	236,186,905.61
Total	\$867,658,482.60	\$ 1,543,601,037.48			\$	2,411,259,520.07

CPD#	93.778	Check the box ONLY if the answer is YES	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Dean Daniel		Is the Contractor a Vendor? (per OMB A-133)	
Address: 729 Church Street		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: Nashville, TN (615)532-1362		Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Dean Daniel		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
END DATE	12/31/2005	
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$601,009,808.00	\$0.00
FY: 04	\$472,373,811.23	\$48,979,592.00
FY: 05	\$472,373,811.23	\$0.00
FY: 06	\$236,186,905.61	\$0.00
Total	\$2,362,279,928.07	\$48,979,592.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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 OFFICE OF CONTRACTS REVIEW
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CONTRACT SUMMARY SHEET

Contract Number	318.66-028	Contract Identification Number	FA-02-14859-07
Contract Agency	Department of Finance and Administration	Contract Title	Bureau of TennCare

VOLUNTEER STATE HEALTH PLAN, INC

Service/Description:

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Period	7/1/2001	Contract End Date	12/31/2005
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Contract Number	411	134	11	<input type="checkbox"/> STARS	Contract Period	Subject
318.66	411	134	11	<input type="checkbox"/> STARS		
2002	\$211,390,549.00	\$368,945,043.00			\$	580,335
2003	\$219,070,544.84	\$381,939,263.16			\$	601,009
2004	\$167,856,957.10	\$304,516,854.13			\$	472,373
2005	\$167,856,957.10	\$304,516,854.13			\$	472,373
2006	\$83,928,478.55	\$152,258,427.06			\$	236,186
	\$850,103,486.60	\$1,512,176,441.48			\$	2,362,279
	93.778					

Dean Daniel
729 Church Street
Nashville, TN
(615)532-1362

Dean Daniel *Dean Daniel* 6/30/03

	12/31/2005	
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$601,009,808.00	\$0.00
FY: 04	\$449,989,400.00	\$22,384,411.23
FY: 05	\$449,989,400.00	\$22,384,411.23
FY: 06	\$224,994,700.00	\$11,192,205.61
	\$2,306,318,900.00	\$55,961,028.07

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to obligations previously incurred.

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JUL 2 2003
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MANAGEMENT SERVICES
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Office of Contract

CONTRACT SUMMARY SHEET

RF Number	318.66-028	Contract Number	FA-02-14859-06
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor Name		Contract Identification Number	
VOLUNTEER STATE HEALTH PLAN, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including all amendments)	
2002	\$ 211,390,549	\$ 368,945,043			\$ 580,335,592	
2003	\$ 219,070,545	\$ 381,939,263			\$ 601,009,808	
2004	\$ 165,236,300	\$ 284,753,100			\$ 449,989,400	
2005	\$ 165,236,300	\$ 284,753,100			\$ 449,989,400	
2006	\$ 82,618,150	\$ 142,376,550			\$ 224,994,700	
Total	\$ 843,551,844	\$ 1,462,767,056			\$ 2,306,318,900	

C DAY	93.778	Check the box ONLY if the answer is YES
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State Fiscal Contract	<input type="checkbox"/> This contract is a SUBRENEWAL (per OMB A-133) <input type="checkbox"/> This contract is a RENEWAL (per OMB A-133) <input type="checkbox"/> This fiscal year funding is PRIOR YEAR FUNDED <input type="checkbox"/> This contract is STARS <input type="checkbox"/> This contract is FORMERLY ATTACHED <input type="checkbox"/> This contract is FORMERLY FILED WITH ACCOUNTS
Name: Dean Daniel Address: 729 Church Street Phone: Nashville, TN (615)532-1362 Signature: <i>Dean Daniel</i> 11/7/02	

COMPLETE FOR ALL AMENDMENTS ONLY		
Amendment	Contract Amount	Amendment Only
END DATE: 12/31/2005		
FY: 02	\$580,335,592	
FY: 03	\$498,968,992	\$102,040,816
FY: 04	\$449,989,400	
FY: 05	\$449,989,400	
FY: 06	\$224,994,700	
Total	\$2,204,278,084	\$102,040,816

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RF# Number	318.66-028	Contract Number	FA-02-14859-05
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contract Identification Number	V- C-
VOLUNTEER STATE HEALTH PLAN, INC	

Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Begin Date	7/1/2001	Contract End Date	12/31/2005
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Alignment Code	318.66	Cost Center	411	Object Code	134	Fund	11	STAR	<input type="checkbox"/> STARS	Grant Code		Subgrant Code	
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FY	State Funds	Federal Funds	Interdepartmental Funds	CH&F (M/D)	Total Contract Amount including All Amendments
2002	\$ 211,390,549	\$ 368,945,043			\$ 580,335,592
2003	\$ 182,696,055	\$ 316,272,937			\$ 498,968,992
2004	\$ 165,236,300	\$ 284,753,100			\$ 449,989,400
2005	\$ 165,236,300	\$ 284,753,100			\$ 449,989,400
2006	\$ 82,618,150	\$ 142,376,550			\$ 224,994,700
Total	\$ 807,177,354	\$ 1,397,100,730			\$ 2,204,278,084

CH&F	93.778
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State Fiscal Contract	Dean Daniel 729 Church Street Nashville, TN (615)532-1362
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Procuring Agency Budget Officer Approval Signature	Dean Daniel <i>Dean Daniel</i> 11/7/02
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COMPLETION OF ALL AMENDMENTS (on)		
END DATE	AMOUNT	AMOUNT
FY: 02	\$580,335,592	
FY: 03	\$449,989,400	\$48,979,592
FY: 04	\$449,989,400	
FY: 05	\$449,989,400	
FY: 06	\$224,994,700	
Total	\$2,155,298,492	\$48,979,592

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

Contract Number	318.66-028	Contract Number	FA-02-14859-04
Contract Agency	Department of Finance and Administration	Contract Agency	Bureau of TennCare

Contractor	VOLUNTEER STATE HEALTH PLAN, INC		
Contract Identification Number	<input type="checkbox"/> V-	<input type="checkbox"/> C-	

Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Begin Date	7/1/01	Contract End Date	12/31/05
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Contract Number	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount including All Amendments	
2002	\$ 211,390,549	\$ 368,945,043			\$	580,335,592
2003	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2004	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2005	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2006	\$ 82,618,150	\$ 142,376,550			\$	224,994,700
	\$ 789,717,599	\$ 1,365,580,893			\$	2,155,298,492

Contract Number	93.778	Contract Number	
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State Fiscal Contract	Dean Daniel 729 Church Street Nashville, TN (615)532-1362	Contract Agency	Bureau of TennCare
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Contracting Agency Budget Officer Approval Signature	Dean Daniel 7/1/02	Contracting Agency	Bureau of TennCare
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COMPLETE FOR ALL AMENDMENTS ONLY			Funding Certification	
FY	Amendments	Total Obligations	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
FY: 02				
FY: 03				
FY: 04				
FY: 05				
FY: 06				
		\$0		\$0

CONTRACT SUMMARY SHEET

Contract Number	318.66-028	Contract Title	FA-02-14859-03
Agency	Department of Finance and Administration	Contractor	Bureau of TennCare

Contractor	VOLUNTEER STATE HEALTH PLAN, INC	Contract Identification Number	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description: Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Start Date	7/01	Contract End Date	12/31/05
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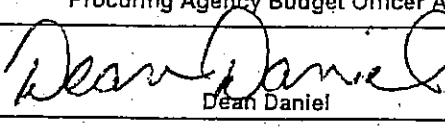
Contract Number	Fund Code	Object Code	Amount	Contract Type	Contract Period	Program Code
318.66	411	134	11	<input type="checkbox"/> STARS		
Year	State Funds	Federal Funds	Interdepartmental Funds	Other Funds	Total Contract Amount including All Encumbrances	
2002	\$ 211,390,549	\$ 368,945,043			\$	580,335,592
2003	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2004	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2005	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2006	\$ 82,618,150	\$ 142,376,550			\$	224,994,700
Total	\$ 789,717,599	\$ 1,365,580,893			\$	2,155,298,492
Encumbrance	93.778					

State Fiscal Officer	Dean Daniel 729 Church Street Nashville, TN (615)532-1362
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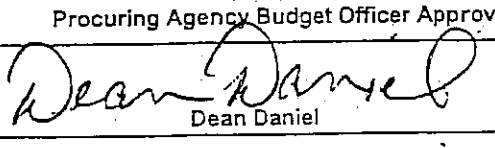
Procurement Agency/Supplier Officer Approval Signature: Dean Daniel 7/1/02

COMPLETION OF OBLIGATIONS			Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
Year	Amount	Balance		
12/31/05	\$580,335,592	\$0		
13	\$512,988,652	-\$62,999,252		
14	\$512,988,652	-\$62,999,252		
15	\$512,988,652	-\$62,999,252		
16	\$256,494,327	-\$31,499,627		
Total	\$2,375,795,875	-\$220,497,383		

C O N T R A C T S U M M A R Y S H E E T

Contract Number		FA-02-14859-02		State Agency		Tennessee Department of Finance and Administration	
		RFS # 318.66-028		Division		Bureau of TennCare	
Contractor				Vendor ID Number			
Volunteer State Health Plan, Inc.				<input type="checkbox"/> V— <input type="checkbox"/> C—			
Service Description							
Managed Care Organization Services / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
07/01/01				12/31/2005			
Allotment Code		Cost Center		Object Code		Fund	
318.66		109		134		11	
				<input type="checkbox"/> on STARS			
FY		State Funds		Federal Funds		Interdepartmental Funds	
2002		\$211,390,549.00		\$368,945,043.00			
2003		\$186,330,303.00		\$326,658,349.00			
2004		\$186,330,303.00		\$326,658,349.00			
2005		\$186,330,303.00		\$326,658,349.00			
2006		\$ 93,165,152.00		.\$163,329,175.00			
Total		\$863,546,610.00		\$1,512,249,265.00		\$2,375,795,875.00	
<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited							
CFDA Number				93.778			
<input type="checkbox"/> Contractor is on STARS				State Fiscal Contact			
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached				Name Address Phone Dean Daniel 729 Church Street, Nashville TN 37247-6501 (615) 532-1362			
<input type="checkbox"/> Service Provider Registered with F&A				Procuring Agency Budget Officer Approval Signature			
<input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)				 4/30/02 Dean Daniel			
COMPLETE FOR ALL AMENDMENTS (only)							
		Base Contract & Prior Amendments		This Amendment ONLY			
Contract End Date		12/31/05					
2002		\$559,927,428.00		\$20,408,164.00			
2003		\$512,988,652.00					
2004		\$512,988,652.00					
2005		\$512,988,652.00					
2006		\$256,494,327.00					
Total		\$2,355,387,711.00		\$20,408,164.00			
Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.							

CONTRACT SUMMARY SHEET

Contract Number		FA-02-14859-01		State Agency		Tennessee Department of Finance and Administration	
		RFS # 318.66-028		Division		Bureau of TennCare	
Contractor				Vendor ID Number			
Volunteer State Health Plan, Inc.				<input type="checkbox"/> V— <input type="checkbox"/> C—			
Service Description							
Managed Care Organization Services / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
07/01/01				12/31/2005			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	109	134	11	<input type="checkbox"/> on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$203,977,794.00	\$355,949,634.00			\$559,927,428.00		
2003	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00		
2004	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00		
2005	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00		
2006	\$ 93,155,152.00	\$163,329,175.00			\$256,494,327.00		
RELEASED TO ACCOUNTS DIVISION MAR 11 2002 BY OFFICE OF CONTRACTS REVIEW							
Total	\$856,133,855.00	\$1,499,253,856.00			\$2,355,387,711.00		
<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited			CFDA Number	93.778		
<input type="checkbox"/>	Contractor is on STARS			State Fiscal Contact			
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached			Name Address Phone	Dean Daniel 729 Church Street, Nashville TN 37247-6501 (615) 532-1362		
<input type="checkbox"/>	Service Provider Registered with F&A			Procuring Agency Budget Officer Approval Signature			
<input type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)			 Dean Daniel 3/4/02			
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification			
	Base Contract & Prior Amendments	This Amendment ONLY		Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
Contract End Date	12/31/05						
2002	\$512,988,652.00	\$46,938,776.00					
2003	\$512,988,652.00						
2004	\$512,988,652.00						
2005	\$512,988,652.00						
2006	\$256,494,327.00						
Total	\$2,308,448,935.00	\$46,938,776.00					

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 DEAN DANIEL
 729 CHURCH STREET
 NASHVILLE, TN 37247-6501
 (615) 532-1362